## FORM D



Washington, D.C. 20549

FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL 3235-0076 OMB Number: Expires: May 31, 2005 Estimated average burden hours per response . . . . 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY  |  |        |  |  |  |  |
|---------------|--|--------|--|--|--|--|
| Prefix        |  | Serial |  |  |  |  |
|               |  |        |  |  |  |  |
| DATE RECEIVED |  |        |  |  |  |  |
|               |  |        |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)   |  |  |  |  |  |
|--|--|--|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | ULOE                                   |  |  |  |  |
| A. BASIC IDENTIFICATION DATA   |  |  |  |  |  |
| 1. Enter the information requested about the issuer  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |  |  |  |  |  |
| Macfarlan Real Estate Finance I, L.L.C.  |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code) |  |  |  |  |
| 10100 North Central Expressway, Suite 200, Dallas, Texas 75231   | (214) 932-3100                         |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  | Telephone Number (Including Area Code) |  |  |  |  |
| Brief Description of Business  |  |  |  |  |  |
| The limited partnership was formed to raise money to make an investment in a limited partnership that owns of  | ease specify): PROCESSE                |  |  |  |  |
| Type of Business Organization    corporation   | ease specify): PROCES                  |  |  |  |  |
| business trust limited partnership, to be formed limited limit | iability company  DEC 3 0 2003         |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:  Month Year  Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  |  |  |  |  |  |

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

SEC 1972 (6-02)



### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner General and/or ☐ Director Managing Partner Macfarlan Holdings, Ltd. Full Name (Last name first, if individual) 10100 North Central Expressway, Suite 200, Dallas, Texas 75231 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Macfarlan, Dean Full Name (Last name first, if individual) 10100 North Central Expressway, Suite 200, Dallas, Texas 75231 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Executive Officer General and/or Beneficial Owner Director Managing Partner Jenkins, John Full Name (Last name first, if individual) 10100 North Central Expressway, Suite 200, Dallas, Texas 75231 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter General and/or Beneficial Owner Director Managing Partner Waggoner, Keith Full Name (Last name first, if individual) 10100 North Central Expressway, Suite 200, Dallas, Texas 75231 Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|  |  |              |                              |              | B. INFO     | RMATIO       | n about                                 | ÖFFERI                                  | NG           |             |            |             | 1577.77  |
|--|--|--------------|------------------------------|--------------|-------------|--------------|---|---|--------------|-------------|------------|-------------|----------|
| 1.   | Has the  | issuer sold  | l. or does th                | e issuer int | end to sel  | 1. to non-a  | ccredited i                             | nvestors is                             | this offer   | ing?        |            | Yes         | №<br>П   |
| •  | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |              |                              |              |             |              |   |   |              |             |            |             |          |
| 2.   | What is  | the minim    | um investm                   |              |             | • • •        | •                                       | Ū                                       |              |             |            | \$ 20,000   | .00      |
|  |  |              |                              |              |             |              |   |   |              |             |            | Yes         | No       |
| 3.   | Does th  | e offering p | permit joint                 | ownership    | of a singl  | e unit?      |   | • |              |             |            | $\boxtimes$ |          |
| 4.   |  |              | on requeste                  |              |             |              |   |   |              |             |            |             |          |
|  |  |              | lar remuner<br>ed is an asso |              |             |              |   |   |              |             |            |             |          |
|  |  |              | me of the br<br>you may se   |              |             |              |   |   | d are associ | ated perso  | ns of such |             |          |
| F 11   |  |              |                              |              | niormatio   | n tor that t |   | aler only.                              |              |             |            |             |          |
|  | ers, Georg   |              | first, if indiv              | (Idual)      |             |              |   |   |              |             |            |             |          |
|  |  |              | Address (N                   | ımber and    | Street, Cit | y, State, Zi | p Code)                                 |   |              | <del></del> |            |             |          |
|  |  |              | D. #614, RO                  |              |             |              |   |   |              |             |            |             |          |
| Nar  | ne of As   | sociated Br  | oker or Dea                  | ler          |             |              |   |   |              |             | ·          |             |          |
|  | rison Dou  |              |                              |              |             |              |   |   | _            |             |            |             |          |
| Sta  |  |              | Listed Has                   |              |             |              |   |   |              |             |            |             | _        |
|  | (Check   | "All States  | s" or check                  | individual S | States)     | ••••         | • |   |              | ••••••      | •••••      |             | States   |
|  | AL   | AK           | AZ                           | AR           | CA          | CO           | CT                                      | DE                                      | DC           | FL          | GA         | HI          | ID       |
|  | IL   | IN           | IA                           | KS           | KY          | LA           | ME                                      | MD                                      | MA           | MI          | MN         | MS          | MO       |
|  | MT   | NE           | NV                           | NH           | NJ          | NM           | NY                                      | NC                                      | ND           | <b>W</b> A  | OK         | OR          | PA       |
|  | RI   | SC           | SD                           | TN           | TX          | UT           | VT                                      | VA                                      | WA           | WV          | WI         | WY          | PR       |
| Ful  | II Name i  | (Last name   | first, if indi               | vidual)      |             |              |   |   |              | <del></del> |            |             |          |
| 1 4  | ii i vaino   | (Dast Hairio | 11101, 11 11101              | · radar)     |             |              |   |   |              |             |            |             |          |
| Bu   | siness or  | Residence    | Address (N                   | lumber and   | Street, Ci  | ty, State, 2 | Zip Code)                               |   |              |             |            | <del></del> |          |
|  | <del></del>  |              |                              |              |             |              |   | ····                                    | _            |             |            |             |          |
| Na   | me of A  | ssociated B  | roker or De                  | aler         |             |              |   |   |              |             |            |             |          |
| Sta  | ates in W  | hich Perso   | n Listed Ha                  | s Solicited  | or Intends  | to Solicit   | Purchasers                              |   |              |             |            |             |          |
|  | (Chec  | k "All State | es" or check                 | individua    | 1 States).  |              |   |   |              |             |            | ☐ Al        | l States |
|  |  |              |                              |              |             |              |   |   |              |             |            |             | <u></u>  |
|  | AL   | AK           | [AZ]                         | AR           | CA          | co           | CT                                      | DE                                      | DC           | FL          | GA ]       | HI          |          |
|  | IL NOT   | IN<br>NE     | IA<br>NV                     | KS           | NJ          | I.A<br>NM    | ME<br>NY                                | MD                                      | MA           | OH OH       | MN OK      | OR          | MO PA    |
|  | MT RI  | SC           | SD                           | TN           | TX          | UT           | VT                                      | NC<br>VA                                | WA           | WV          | WI         | WY          | PR       |
|  |  |              |                              |              |             | <u> </u>     |   |   | 1121         |             |            |             |          |
| Full Name (Last name first, if individual)                                   |  |              |                              |              |             |              |   |   |              |             |            |             |          |
| Duvings and Davidson Address Olimbar and Street City State 7iz Codds         |  |              |                              |              |             |              |   |   |              |             |            |             |          |
| Business or Residence Address (Number and Street, City, State, Zip Code)     |  |              |                              |              |             |              |   |   |              |             |            |             |          |
| Name of Associated Broker or Dealer  |  |              |                              |              |             |              |   |   |              |             |            |             |          |
|  |  |              |                              |              |             |              |   |   |              |             |            |             |          |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers |  |              |                              |              |             |              |   |   |              |             |            |             |          |
| (Check "All States" or check individual States)                              |  |              |                              |              |             |              |   |   |              |             |            |             |          |
|  | AL   | AK           | AZ                           | AR           | CA          | CO           | CT                                      | DE                                      | DC           | FL          | GA         | HI          | [ID]     |
|  | IL   | IN           | IA                           | KS           | KY          | LA           | ME                                      | MD                                      | MA           | MI          | MN         | MS          | MO       |
|  | MT   | NE           | NV                           | NH           | NJ          | NM           | NY                                      | NC                                      | ND           | OH          | OK         | OR          | PA       |
|  | RI   | SC           | SD                           | TN           | TX          | UT           | VT                                      | VA                                      | WA           | WV          | WI         | WY          | PR       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |            |                    |             |       |   |
|----|---|------------|--------------------|-------------|-------|---|
|    | already exchanged.  Type of Security  | С          | Aggregate          |             | Amo   | ount Already<br>Sold                      |
|    | Debt  | S          | 5,000,000          | 0.00        | s     | 17,500.00                                 |
|    | Equity  |            |                    |             |       |   |
|    | Common Preferred  |            |                    |             |       |   |
|    | Convertible Securities (including warrants)   | \$         |                    |             | s     |   |
|    | Partnership Interests   |            |                    |             |       |   |
|    | Other (Specify)   |            |                    |             |       |   |
|    | Total   |            |                    |             |       | 17,500.00                                 |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | <b>"</b> — |                    |             |       |   |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."          |            | Number<br>Investor | S           |       | Aggregate<br>ollar Amount<br>of Purchases |
|    | Accredited Investors  |            |                    |             | \$    |   |
|    | Non-accredited Investors  |            |                    | 2           | \$    | 17,500.00                                 |
|    | Total (for filings under Rule 504 only)   | _          |                    | 2           | \$    | 17,500.00                                 |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |            |                    |             |       |   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  |            |                    |             |       |   |
|    | Type of Offering  |            | Type o<br>Securit  |             | D     | ollar Amount<br>Sold                      |
|    | Rule 505  | _          |                    |             | _ \$_ |   |
|    | Regulation A  | _          |                    |             | _ \$_ |   |
|    | Rule 504  | _          |                    |             | _ \$_ |   |
|    | Total   | _          |                    |             | _ \$_ |   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure i not known, furnish an estimate and check the box to the left of the estimate. |            |                    |             |       |   |
|    | Transfer Agent's Fees   |            |                    |             | \$    |   |
|    | Printing and Engraving Costs  |            |                    | $\boxtimes$ | \$    | 2,500.00                                  |
|    | Legal Fees  |            |                    | $\boxtimes$ | \$_   | 25,000.00                                 |
|    | Accounting Fees   |            |                    |             | \$_   |   |
|    | Engineering Fees  |            |                    |             | \$_   |   |
|    | Sales Commissions (specify finders' fees separately)  |            |                    | $\boxtimes$ | s_    | 300,000.00                                |
|    | Other Expenses (identify) miscellaneous selling   |            |                    | $\boxtimes$ |       | 22,500.00                                 |
|    | Total   |            |                    | ×           |       | 350,000.00                                |

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS b. Enter the difference between the aggregate offering price given in response to Part C—Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 4,650,000.00 5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above. Payments to Officers, Directors, & Payments to A ffiliates Others Purchase, rental or leasing and installation of machinery Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another Repayment of indebtedness ...... Other (specify): Loan to affiliate \$ 4,425,000.00 - ⋯ □\$ Total Payments Listed (column totals added) \$ 4,650,000.00 D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)                  | Signature                      | Date              |
|---|--------------------------------|-------------------|
| Macfarlan Real Estate Finance I, L.L.C. | 2 the                          | December 19, 2003 |
| Name of Signer (Print or Type)          | Title of Signer Frint or Type) |                   |
| John L. Jenkins                         | President                      |                   |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)